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To: Examiner S.C. Chawan  
Group Art Unit 2624, USPTO

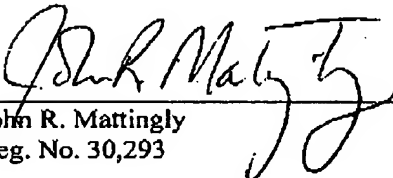
From: Mr. John R. Mattingly  
MATTINGLY & MALUR, P.C.

Re: USSN 10/586,837  
Attorney Docket No.: G&P-5436

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and  
Amendment.**

  
John R. Mattingly  
Reg. No. 30,293

July 28, 2009  
Date

Total Number of Pages (including cover sheet): \_\_\_\_

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Form PTO-1083

Patent

In RE application of N. MIURA et al

Case Docket No. G&amp;P-5436

Serial No.: 10/586,837

Group Art Unit: 2624

For: VEIN AUTHENTICATION DEVICE

Examiner: S.C. Chawan

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For		(Col. 3) Present Extra
Total	Minus	**		=
Indep.	Minus	***		=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
X 25	\$		X 50	\$
X 100	\$		X 200	\$
X 180	\$		X 360	\$
Total	\$	OR	Total	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$\_\_\_\_\_ is attached for
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

*John R. Mattingly*  
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Attorney for Applicant(s)

Date: July 28, 2009